

## TREATMENT PLAN and TREATMENT PLAN AMENDMENT INSTRUCTIONS FOR COMPLETION

- ▶ Complete name, Social Security Number, and Medicaid number, if applicable.
- ▶ **My Goal...:** Indicate the goal which is chosen by the consumer and those participating in planning by checking/marking the appropriate skill area. **Use additional pages if more than one goal will be addressed.**
- ▶ **My objective...:** Write in the specific, measurable objective that describes outcome to be achieved which will lead to the accomplishment of the goal. Some examples of objectives include:
  - ✓ I will learn to brush my teeth without help.
  - ✓ I will learn a way to remember to take my blood pressure medicine every morning.
  - ✓ I will learn to follow a schedule to complete my household chores.
  - ✓ I will learn to safely cross a street.
  - ✓ I will take my medications every morning without reminders.
  - ✓ I will learn to identify my medications by name and sight and to know why I take each one.
  - ✓ I will learn to ask for help while I am shopping.

Use additional pages if more than one objective will be implemented.

- ▶ **These activities will help me accomplish my objective(s):** Note the activities that will be conducted in order to teach the skills noted in the objective. Be sure to include the method the trainer is to use.
- ▶ **...work on this objective:** Indicate the schedule by writing in the number of times per week or per month the objective will be worked on.
- ▶ **...accomplish this objective by:** the date (month/year) by which it is anticipated that the objective will be accomplished if activities are provided as noted.
- ▶ **Date Services Begin:** Indicate the date the services will begin to be provided.
- ▶ **6 mo. Review Date:** Indicate the date by which the plan must be reviewed by the LCS.
- ▶ **Signatures:** When all items are complete (except the 6 mo. review section) the form is signed by those indicated on the form, each indicating the date signed. The Treatment plan is effective for 12 months from the date signed by Consumer or representative and the LCS.
- ▶ **6mo. Review:** Indicate if progress has been made, indicate any issues pertinent to the functioning of the consumer and indicate if RS should continue; date and sign.
- ▶ **Treatment Plan Page # \_\_\_\_:** If a consumer desires to work on more than one goal or more than one objective toward the same goal, additional pages should be added to the Treatment Plan document to indicate such. Indicate the page number at the top and the bottom of the form and complete the remainder of the form using the instructions above.
- ▶ **Amendment to the Treatment Plan:** If during the course of the treatment, the Treatment Plan as developed at the annual planning meeting needs to be changed, the Amendment to the Treatment Plan should be used. Note the reason for the change and complete the remainder of the form using the instructions noted above.